

**City of Riverside
Blue Cross PPO Renewal
January 1, 2009**

Benefits	BLUE CROSS PPO AND BLUE CARD	
	Network Provider	Out of Network Provider
Annual Deductible (Individual / Family)	None	\$250 / \$750
Physician Services		
Office Visits	\$15	30%
Prenatal / Postnatal Care	\$15	30%
General Lab, X-Ray, and Diagnostic	10%	30%
Preventive Service		
Routine Physical Exams (Schedule Limits May Apply)	\$25	Not Covered
Well Baby Care (Schedule Limits May Apply)	\$15	30%
Prescription Drugs	Participating Pharmacies	
Generic / Brand / Non-Formulary	\$5 / \$10	
Hospital Services (Prior Authorization)		\$500 Per Admission
Inpatient, Semi-Private Room	10%	30%
General Lab, X-Ray, and Diagnostic	10%	30%
Outpatient-Surgery	10%	30%, \$350 Max. Benefit
Emergency Services		
Emergency Room (True Emergency)	10%	\$25, Then 10%
Ambulance	20%	20%
Mental and Nervous Services - Severe		
Inpatient	10%	30%
Outpatient	\$15	30%
Substance Abuse Services		
Inpatient	10% (\$175/Day Max, 30 Days/Year)	30% (\$175/Day Max, 30 Days/Year)
Outpatient	10% (\$25/Visit Max, 50 Visits/Year)	30% (\$25/Visit Max, 50 Visits/Year)
Miscellaneous		
Chiropractic	10%, 24 visits/year	30%, 24 visits/year (\$25 Max. Benefit/Visit)
Durable Medical Equipment	10% (\$10,000 Max. / Year)	30% (\$10,000 Max. / Year)
Out-of-Pocket Maximum		
Individual / Family	\$1,000 Per Individual	\$3,000 Per Individual
Lifetime Maximum	\$5,000,000	